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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/698,536

Filing Date October 31, 2003

First Named Inventor DICKENS, Percy A.

Art Unit 3652

Examiner Name

Attorney Docket Number 2826502.000001

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC		
Signature			
Printed name	W. EDWARD RAMAGE		
Date	10/18/04	Reg. No.	50,810

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	W. EDWARD RAMAGE	Date	10/18/04

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/698,536
Filing Date	10/31/03
First Named Inventor	DICKENS, Percy A.
Art Unit	3652
Examiner Name	
Attorney Docket Number	2826502.000001

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

44777

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

44777

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Percy A. Dickens		
Signature			
Date	9-27-04	Telephone	252-946-6009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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